

Tax Refund for Elderly & Disabled Program

1

How to Complete Your Application



Note: The information contained here CAN NOT be used as an original document.



Entire Application

This space for office use only.		WYOMING TAX REFUND FOR ELDERLY AND DISABLED 2015 APPLICATION	
IF THIS IS THE FIRST TIME APPLYING FOR THE PROGRAM CHECK <input checked="" type="checkbox"/> THIS BOX <input type="checkbox"/>			
FILING DEADLINE: AUGUST 31, 2015		SENIOR CENTER #:	FORM # 1400000
APPLICANT: (Last Name) (First Name) (MI) Soc. Sec. No.			
IF LEGALLY MARRIED, ENTER SPOUSE'S INFORMATION.			
SPOUSE: (Last Name) (First Name) (MI) Soc. Sec. No.			
PHYSICAL ADDRESS: Street City St ZIP			
Is this physical address a GROUP HOME <input type="checkbox"/> or NURSING HOME <input type="checkbox"/> if so, please check mark the box that applies.			
MAILING ADDRESS: Street P.O. Box City St ZIP			
DATE OF BIRTH: Applicant: Spouse: Phone #:			
TYPE: (YOU MUST SELECT <input checked="" type="checkbox"/> ONLY ONE TYPE) <input type="checkbox"/> JOINT (ONLY IF LEGALLY MARRIED AND SPOUSE IS LIVING) <input type="checkbox"/> SINGLE (Applicant is <u>NOT</u> married) <input type="checkbox"/> JOINT WITH DECEASED SPOUSE (only if spouse DIED in 2014 OR 2015)			
QUALIFICATION: (YOU MUST SELECT <input checked="" type="checkbox"/> ONLY ONE QUALIFICATION) <input type="checkbox"/> Age 65 or over: Birth date prior to 31 December 1949 <input type="checkbox"/> Disabled: MUST be 18 or over and SHOW proof of disability, born prior to 31 December 1996 <input type="checkbox"/> Previously Qualified: Age OVER 60, deceased spouse was qualified in preceding year			
RESIDENCY: (Answer both questions) 1. Did you (the applicant) live in Wyoming for 12 consecutive months prior to the date of your signed application? YES _____ NO _____ 2. Have you (the applicant) been a United States citizen for 12 consecutive months prior to the date of your application? YES _____ NO _____			
TAX RETURN: Did you and/or your spouse file a U.S. Federal Income Tax Return for 2014? YES _____ NO _____ ATTACH A COMPLETE COPY OF YOUR 2014 FEDERAL INCOME TAX RETURN IF YOU DID FILE.			
ASSETS: Did you and/or your spouse have total household assets exceeding Thirty Thousand Two Hundred Seventy Nine Dollars (\$30,279.00) per adult member of the household in 2014? YES _____ NO _____			
INCOME: Applicant 2014 Gross Income: Spouse 2014 Gross Income: GRAND TOTAL 2014 INCOME: <input type="text"/> Please complete the attached VERIFICATION WORKSHEET for income received in 2014.			
PROPERTY TAX: YOU MUST CHECK ALL THAT APPLY I/We did receive Property Tax Relief (issued by Department of Revenue) in 2014. YES _____ NO _____ I/We did receive a Veteran's Exemption for property (not automobile) in 2014. YES _____ NO _____			
DOCUMENTS: SUBMIT DOCUMENTATION FOR ALL INCOME RECEIVED IN 2014			
I/We authorize the department to verify income for 2014. I (WE) swear, affirm or declare under penalty of perjury (if joint, spouse MUST sign below) that the information entered on this application is true, correct, and complete to the best of my (our) knowledge and belief. I (WE) understand that our representations on this form are binding and that no changes other than address changes will be allowed after the application is submitted.			
Applicant Signature: Spouse Signature: Date:			
W. S. 6-5-303 (b) - Knowingly submitting a false claim with intent to defraud is a felony punishable by imprisonment for not more than two (2) years, a fine of not more than two thousand dollars (\$2,000.00) or both.			
Refund checks will be issued ON or BEFORE DECEMBER 20, 2015 IF you have submitted all of the required documentation and qualify.			
MAIL TO: DEPARTMENT OF HEALTH, Tax Refund for Elderly & Disabled, 460 Hathaway Building, Cheyenne, WY 82002 TOLL FREE# 1-866-989-8901			
White Copy: E & D office Pink Copy: Applicants copy Yellow Copy: Senior Center			

APPLICATION IS
BROKEN DOWN INTO
SECTIONS ON THE
PAGES TO FOLLOW FOR
EASIER VIEWING !



Application

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WYOMING TAX REFUND FOR ELDERLY AND DISABLED

2015 APPLICATION



(Income Received in 2014)



(1) IF THIS IS THE FIRST TIME APPLYING FOR THE PROGRAM CHECK THIS BOX

☐

FILING DEADLINE: AUGUST 31, 2015

(2) SENIOR CENTER #: 

FORM # 1400001

(3) APPLICANT: _____

(Last Name)

(First Name)

(MI)

(4) Social Security No. _____

*IF LEGALLY MARRIED, ENTER SPOUSE'S INFORMATION.

SPOUSE: _____

(Last Name)

(First Name)

(MI)

Social Security No. _____

Application must be **postmarked by August 31st** for it to be timely.

(1) **CHECK BOX:** If this is the first time you are applying for the program.

(2) **SENIOR CENTER #:** This number will be completed by the Senior Center.

(3) **APPLICANT:** Your full name and social security number are required. If married, your spouse's name and social security number are also required. A deceased person CAN NOT be the applicant. **Note: The check will be written to the name entered on the applicant line.**

(4) **SOCIAL SECURITY NUMBER:** This is YOUR social security number (SSN#), NOT a spouses SSN#, claim number or entitlement number. **Please** complete the Consent For Release Of Information form herewith.



Address Section

4



(4) PHYSICAL ADDRESS: _____

Street/P.O. Box

City

ST

ZIP



(5) Is this physical address a **GROUP HOME** ☐ or **NURSING HOME** ☐ if so, please check mark the box that applies.



(6) MAILING ADDRESS: _____

Street/P.O. Box

City

ST

ZIP

(4-6) ADDRESS: Your current residence address is required. If at anytime after filing this application your **mailing address** changes, you will need to submit, **in writing**, a change of address form. Please contact your local senior center for this form. Send the form to: Tax Refund For Elderly & Disabled 460 Hathaway Building, Cheyenne, WY 82002.

(5) Please check mark the box if you live in a group home or nursing home.

Note: The check will be mailed to the mailing address listed on the application. If your address changes, the Post Office will not forward the check to your new address.



Application Date of Birth And Phone # Section

5

(6) DATE OF BIRTH: Applicant: _____ Spouse: _____ (7) Phone # _____



(6) **DATE OF BIRTH:** Your (and your spouse's, if living) date of birth are required and must be completed. Please provide a copy of your valid drivers license or photo identification or birth certificate for proof of age.



(7) **TELEPHONE NUMBER:** A telephone number will assist us in answering any questions regarding your application. If you have more than one phone number for us to contact you at, please list below main phone number.



Application Type Section

6

TYPE: (YOU MUST SELECT “✓” ONLY ONE TYPE)

- (8) ☐ JOINT (ONLY IF SPOUSE IS LIVING) (Spouse information must be entered above)
- (9) ☐ SINGLE (Applicant is NOT married)
- (10) ☐ JOINT WITH DECEASED SPOUSE (only if spouse DIED in 2014 OR 2015)

TYPE: You must select “✓” one of the three types listed on the application:



(8) File **JOINT** if you are currently married or were married at any time in 2014.

Note: You must report the income of both you and your spouse for the income year 2014. If you were legally separated or divorced during the year 2014, please provide copies of the separation or divorce papers. If you were not separated or divorced until 2015 you **must** file as joint and provide spouses income for 2014.



(9) File **SINGLE** if you were not married at anytime in 2014. **Note:** Report all of your income.



(10) File **JOINT WITH DECEASED SPOUSE** **only** if your spouse died during the year of 2014 or 2015.

Note: You must report both your income for 2014 and the income of your deceased spouse for 2014. Please provide us with a copy of the deceased death certificate.



Application Qualification Section

7

QUALIFICATION: (YOU MUST SELECT “✓” ONLY ONE QUALIFICATION)

- (11)** ☐ Age 65 or over: Birth date prior to 31 December 1949
- (12)** ☐ Disabled: MUST be 18 or over and SHOW proof of disability, born prior to 31 December 1996
- (13)** ☐ Previously Qualified: Age OVER 60, deceased spouse was qualified in preceding year

QUALIFICATION: The application qualification will depend upon your age or disability. Please “✓” mark one of the boxes listed on the application.

Note: If you are under the age of 18 (as of 2014), you do not qualify for the refund regardless of any other circumstances.



(11) Mark **AGE 65 OR OVER** if you turned 65 or older during the year of 2014.



(12) Mark **DISABLED** if you turned 18 in 2014 are under the age of 65, and have been **TOTALLY** disabled for at least one full year prior to the application date. *Note: Totally Disabled means 100% disabled.*



(13) Mark **PREVIOUSLY QUALIFIED** if your qualified spouse died in 2014 or 2015 and you were 60 years of age or older. *Note: You may continue to receive the refund providing that you meet all other qualifications.*



Application Residency Section

8

(14) RESIDENCY: (ANSWER BOTH QUESTIONS)

Did you (the applicant) live in Wyoming for 12 consecutive months prior to the date of your signed application? YES_____ NO_____

Have you (the applicant) been a United States citizen for 12 consecutive months prior to the date of your application? YES_____ NO_____



Application Tax Return Section

9

(15) TAX RETURN: Did you and/or your spouse file a U.S. Federal Income Tax Return for 2014?

YES_____ NO_____

ATTACH a complete copy of your 2014 Federal Income Tax Return if you did file.



Application Assets Section

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(16) ASSETS: Did you and/or your spouse have total household assets exceeding thirty thousand two hundred seventy nine dollars (\$30,279.00) per adult member of the household in 2014?

YES_____ NO_____



(16) ASSETS: Wyoming Statute 39-11-109©vii reads: “No applicant is entitled to a refund under this subsection unless the person has total household assets as defined by the department of health through rules and regulations of not to exceed thirty thousand two hundred seventy two dollars (\$30,279.00) per adult member of the household as adjusted annually by the state average Wyoming cost-of-living index published by the economic analysis division of the department of administration and information”. In determining assets, the following property is **EXEMPT:**

- The structure and lands occupied as the applicant's primary residence;
- Household furnishings and personal belongings; and
- One (1) personal motor vehicle per adult in the household;
- Assets held under a bona fide pension plan or individual retirement account (IRA);
- The cash value of any life insurance policies held.



Rules for the Tax Refund Program read: “Household assets” means real property, which is land and the buildings and structures placed on that land; and personal property, including, but not limited to:

- Money and cash on hand
- Currency, gold, silver, and other coins, stamp, etc.
- Principal amount on deposit in savings, checking accounts
- Bonds, promissory notes; shares of stocks, mutual fund and other investments; annuities and annuity contracts; term share accounts.
- Cabins, summer/winter homes, rentals
- Additional vehicles (including RV's, campers, boats, ski-doo's, motorcycles, ATV's



Application Income Section

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(17) INCOME: Applicant 2014 Gross Income \$ _____ Spouse 2014 Gross Income \$ _____

(18) GRAND TOTAL 2014 INCOME:

(17-18) 2014 INCOME: Includes, but is not limited to: 

Please provide “Documentation required” as listed on the income verification worksheet.

- Alimony
- CD Income
- Child Support
- Contract Earnings
- Grants/Loans
- Experience Works
- Interest Earned on Checking, Savings, Life Insurance Accounts



Income Section Continued

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(17-18) 2014 INCOME: Includes, but is not limited to:



- Land Lease Payments
- Pensions
- Per Capita Payments
- Railroad Retirement (RRB1099 and RRB1099R)
- Rental Income
- Self Employment
- Stock, Bonds, Annuities, Trusts
- Unemployment
- VA Benefit Payments
- Wages
- Worker's Compensation
- Total income of all adult household members

Public support payments such as:



- General/Emergency Assistance of any kind
- In-Kind Payments
- QMB (Medicaid/Medicare payments made on your behalf by the State.)
- Social Security (SSA and/or SSDI)
- SSI (Supplemental Social Security)
- State SSI
- Institution (City, County, State, Federal) in any part of the year of 2014

(Continued from previous Page)



Property Tax Section

13

(19) PROPERTY TAX: YOU MUST **CHECK** ALL THAT APPLY

I(We) did receive a Property Tax Relief (issued by Department of Revenue) for 2014 YES_____ NO_____

I(We) did receive a Veteran's Exemption for property (not automobile) in 2014 YES_____ NO_____



(19) PROPERTY TAX: You are REQUIRED to **CHECK next to all that apply per W.S.**

If you are a homeowner, this would be the tax relief you receive on the payment of your property taxes.



Property Tax Relief is given by The Department of Revenue.



Veteran's Exemption is given by The County Assessor's.

Please provide us with a copy of your property tax statement for 2014.

W.S. 39-11-109©(ii) "The application shall indicate whether the applicant has received any refund for a property tax exemption under W.S. 39-13-105, a property tax refund under W.S. 39-13-109(c)(iii), and/or a property tax credit under W.S. 39-23-109(d) for the same calendar year.



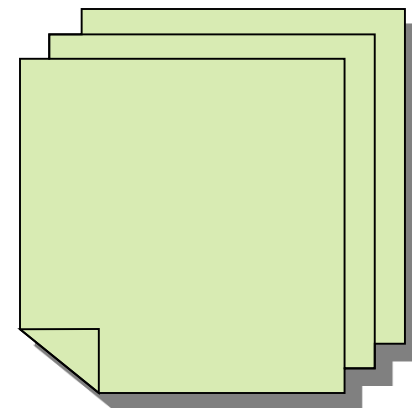
Documents Section

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(20) DOCUMENTS: Please see the "Documents" section of the 2015 Application instruction sheet and the "2014 Income Verification" worksheet for required documentation.

(20) DOCUMENTS: Please see the "Verification Worksheet for the 2014 income year.", 8 pages from this page, for the required documentation, and, also those listed below if applicable:

1. A copy of your 2014 Federal Income Tax Return.
2. Copy of Death Certificate, if applicable.
3. Copy of guardianship papers, if applicable.
4. Copy of Legal Separation or Divorce Decree, if applicable.
5. Copy of Driver's license, other photo ID and/or Birth Certificate.



Application Signatures

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(21) I(WE) authorize the department to verify income for 2014. I (WE) swear, affirm or declare under penalty of perjury (if joint, spouse **MUST sign below) that the information entered on this application is true, correct, and complete to the best of my (our) knowledge and belief. I(WE) understand that our representations on this form are binding and that no changes other than address changes will be allowed after the application is submitted.**

Applicant Signature: _____ Spouse Signature: _____ Date: _____

(21) SIGNATURES:

SINGLE - You must **sign and date** the application to the best of your ability.

MARRIED - Applicant and spouse must **sign and date** the application.

DECEASED SPOUSE - Applicant must sign and date application. Enter the spouse's date of death on the spouse's signature line.



GUARDIAN – Have the applicant sign to the best of their ability. Sign and date the application at spouse's signature line and date application. **(Please include guardianship papers with application.)**



Application Information

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W. S. 6-5-303 (b) - Knowingly submitting a false claim with intent to defraud is a felony punishable by imprisonment for not more than two (2) years, a fine of not more than two thousand dollars (\$ 2,000.00) or both.

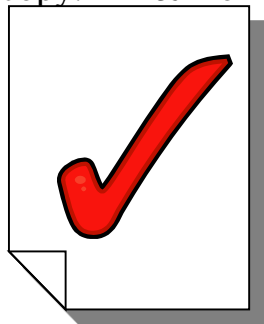
Refund checks will be issued ON or BEFORE DECEMBER 20, 2015. IF you qualify and have submitted required documentation.

MAIL TO: DEPARTMENT OF HEALTH, Tax Refund for Elderly & Disabled, 460 Hathaway Building, Cheyenne, WY 82002

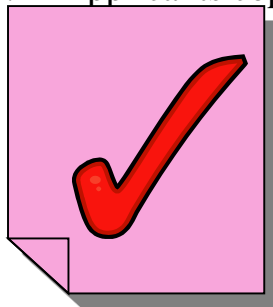


TOLL FREE# 1-866-989-8901

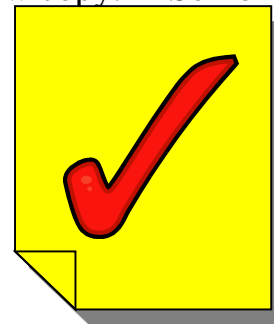
White copy: E&D office



Pink copy: Applicants copy



Yellow copy: Senior Center



2014 HOUSEHOLD MEMBER FORM

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Applicant Name: _____ Form# _____

2014 Household Members Form

NOTE: THIS FORM MUST BE COMPLETED, SIGNED AND SUBMITTED WITH YOUR APPLICATION.
If the 2014 Household Members Form is not attached to your application when we receive it, your application will be suspended and your refund check will not go out by the December 20th deadline.

****If you live in a GROUP HOME or NURSING HOME in the year of 2014, please complete the information at the bottom of this form. Thank You!**

HOUSEHOLD MEMBERS: Complete the information below for yourself and **ALL** persons living in your home, whether or not you share living expenses, even if they are not related to you. **(Examples of household members include but are not limited to: significant other, son, daughter, grandchild, foster child, mother, father, brother, sister, aunt, uncle, roommate, landlord, or renter.)**

Name (List yourself first and then <u>ALL</u> household members)	Relationship to Applicant	Date of Birth	Social Security Number	Type of Income	Total Gross Income (2014)
	SELF				

YOU MUST ATTACH COPIES OF PROOF OF IDENTIFICATION AND OF INCOME FOR 2014 FOR ALL PERSONS LISTED AS A HOUSEHOLD MEMBER.

If you had a household member that moved in or out in **2014**, please list below.

Name of Household Member	Date Moved In 2014	Date Moved Out 2014

SIGNATURE NEEDED BELOW:

I/WE certify under penalty of perjury (if joint, spouse MUST sign below) that the information entered on the Household Members Form is true, correct, and complete to the best of my (our) knowledge and belief.

Applicant Signature: _____ Spouse Signature: _____

W.S. 6-5-303(b) states, "Knowingly submitting a false claim with intent to defraud is a felony punishable by imprisonment for no more than two (2) years, a fine of not more than two thousand dollars (\$2,000.00) or both."

****If this is a GROUP HOME or NURSING HOME you do not need to list other client's information above.**
Please complete the following information that applies to you.

Group Home Name: _____ Address: _____
Nursing Home Name: _____ Address: _____
Telephone Number: _____

THIS FORM
MUST BE
COMPLETED
AND SENT IN
WITH YOUR
APPLICATION.



HOUSEHOLD MEMBER FORM

PART 1

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Note: This form must be completed, signed and submitted with your application.

- If you live in a group home or nursing home in the year of 2014, please complete the information at the bottom of this form. (It should look like this)

Group Home Name:-----Address-----

Nursing Home Name:-----Address-----

Telephone Number:-----



HOUSEHOLD MEMBER FORM

PART 2

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HOUSEHOLD MEMBERS: Complete the information below for yourself and **ALL** persons living in your home, whether or not you share living expenses, even if they are not related to you. (Examples of household members include but are not limited to: significant other, son, daughter, grandchild, foster child, mother, father, brother, sister, aunt, uncle, roommate, landlord, or renter.)

Name (List yourself first and then All household members)	Relationship to Applicant	Date of Birth	Social Security Number	Type of Income	Total Gross Income (2014)
Applicant	Self	12-23-1960	000-00-0000	Wages	\$8,000
Sammy Doe	Son	01-19-2004	000-00-0000	NO INCOME	-0-
Monica Doe	Daughter	05-24-2001	000-00-0000	SSI,STSSI	\$8,300



HOUSEHOLD MEMBER FORM

PART 3

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IF YOU HAD A HOUSEHOLD MEMBER THAT MOVED IN OR OUT IN
2014 PLEASE LIST BELOW. (Example)

Name of Household Member	Date Moved In 2014	Date Moved Out 2014
Sally Doe	January 01, 2014	June 31, 2014

SIGNATURE NEEDED BELOW:

I(WE) certify under penalty of perjury (if joint, spouse **MUST** sign below) that the information entered on the Household Members Form is true, correct, and complete to the best of my (our) knowledge and belief.

Applicant Signature:_____ Spouse Signature_____





HOUSEHOLD MEMBER FORM

HOW WE FIGURE HOUSEHOLD MEMBER INCOME

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HOW WE FIGURE HOUSEHOLD MEMBER INCOME

-  □ We will add total household income for all adult members (an adult member is anyone 18 years of age and older) and divide income by the number of adults living in the household. If you have children under 18 who receive public support income such as SSI, STSSI, SSA, SSDI, their income will be added to applicant's income.
-  □ The applicant's income if single must be under \$17,500 and joint income must be under \$28,500 before household members are added to qualify for refund.



2014 Verification Worksheet

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VERIFICATION WORKSHEET FOR THE 2014 INCOME YEAR

WYOMING TAX REFUND FOR ELDERLY AND DISABLED PROGRAM INCOME

Applicant's Name: _____ SSN: _____

Spouse's Name: _____ SSN: _____

*If the applicant has their SSA paperwork with them, please make a copy and send it in with their application. Please have all applicants sign the Consent for Release of Information form.
DO NOT SEND APPLICANTS TO THE SSA OFFICE FOR THIS INFORMATION.

Countable Income	Applicant's Income	Joint Applicant Income	DOCUMENTATION REQUIRED Attach With Application
Supplemental Social Security (SSI)	\$	\$	*Copy of SSI printout for 2014
VETERANS Supplemental Social Security (SSDI)	\$	\$	Signed Consent for Release
Veterans Social Security (SSA/SSDI)	\$	\$	*Copy of SSA 1099 for 2014
Veterans Benefits (Pension, Disability Payments)	\$	\$	Copy of Statement from VA for 2014
VA BENEFITS/POWER	\$	\$	Department of Family Services Printout
Wages/Experience Works	\$	\$	W2s, 2014 Federal Tax Return and/or 1099
Self-Employment, or MISC Contract Employment	\$	\$	1099 Forms or 2014 Federal Tax Return
Unemployment Insurance	\$	\$	Form 1099G
Workers' Compensation	\$	\$	Award letter from Workers' Compensation
Railroad Retirement & Divorce Benefits (retiree/widow)	\$	\$	1099 & 1099R from the Railroad
Pensions, Retirements, IRA's and Annuities	\$	\$	Document (1099) for 2014
Interest/Dividends Earned on Savings/Checking, Shares, IRA's Certificate of Deposit, ETC.	\$	\$	Bank Statement(s) from Dec 2014 or 1099's
Real Estate Payments, BIA Payments, Financial Aid Reports	\$	\$	Verification Letter from the Tribal Council/Indian Affairs
Land Lease Income	\$	\$	Land Lease print-out for 01/01/2014 to 12/31/2014
Child Support	\$	\$	Clerk of Court Printout
Alimony	\$	\$	Clerk of Court Printout
Federal Income Tax Credits for the year 2014 (EIC, ACTC, EDC)	\$	\$	Complete Copy of 2014 Federal Tax Return
Rental Income (Money received by you from property or land)	\$	\$	Copies of Rental Receipts or 2014 Federal Tax Return
Stocks, Bonds, Trusts, Royalties and Capital Gains	\$	\$	Account Statement for December 2014
Form Income, Income from Investment	\$	\$	2014 Federal Tax Return
Additional or Other Support	\$	\$	Documents as Needed (statements or 1099 forms from 2014)

*Visit www.socialsecurity.gov/myaccount to obtain your Social Security information.

SAMPLES FORMS ARE ATTACHED BELOW IN
NUMBER ORDER.

THIS DOCUMENTATION NEEDS TO BE ATTACHED
TO THE APPLICATION IF IT
APPLIES TO THE APPLICANT.

THESE ARE JUST SOME SAMPLES OF FORMS
THAT CAN BE SUBMITTED WITH THE
APPLICATION.



(1) SUPPLEMENTAL SOCIAL SECURITY (SSI) DOCUMENT

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Social Security Administration

Date: January 01, 2015

Claim Number: 00000000000000

Name: John Doe

John Doe
123 My Street
Cheyenne, WY 80000

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter,

Other Important Information

For the period 01/01/14 to 12/01/14 you received a total of \$8000.00 in Supplemental Security Income Benefits.

If You Have Any Questions

If you have any questions, you may call us at 1-800-000-0000, or call your local Social Security office at 307-000-0000. We can answer most questions over the phone. You can also write or visit any Social Security office. Your closest office is located at:

SOCIAL SECURITY ADMINISTRATION
SUITE ABC
222 PEAK AVE
GILLETTE, WY 80000

If you do call or visit an office, please have this letter with you. It will help us answer your questions.

Jane Doe
Office Manager

SAMPLE
1



(1) SUPPLEMENTAL SOCIAL SECURITY (SSI) DOCUMENT

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Page 2 of 5

01/01/2014

HOW WE FIGURED YOUR PAYMENT FOR January 2013 THROUGH December 2014

Your Payment Amount

The most SSI money the law allows us to pay	\$721.00
We didn't subtract (-) any income from SSI money	<u>- 0.00</u>

**Total Monthly SSI Payment
for January 2014 through December 2014**

\$721.00

SAMPLE 2

$\$721.00 \times 12 = 8652.00$



(1) SUPPLEMENTAL SOCIAL SECURITY (SSI) DOCUMENT

25

SOCIAL SECURITY
0000 WILD RIVER RD
SECOND FLOOR, RM ABC
CHEYENNE, WY 82009

SOCIAL SECURITY ADMINISTRATION
SUPPLEMENTAL SECURITY INCOME
Notice of Change in Payment

SAMPLE 3

Date: January 01, 2015
Claim Number: 00000000000000

000 A011,B6C,000,00000 0000000000 01 DE 0.000

John Doe
123 My Street
Cheyenne, WY 80000

We are writing to tell you about changes in your Supplemental Security Income payments. The rest of this letter will tell you more about this change.

We explain how we figured the monthly payment amounts shown below on the last page(s) of this letter. The explanation shows how your income, other than any SSI payments, affects your SSI payment. It also shows how we decided how much of your income affects your payment amount. We include explanations only for months where payment amounts change.

Information About Your Payments

- The amount due you beginning January 2014 will be \$125.00.
- The amount due you is being raised because the law provides for an increase in Supplemental Security Income payments in January 2014 if there was an increase in the cost-of-living during the past year.

$$\$125.00 \times 12 = 1500.00$$

Your Payment Is Based On These Facts

Our records show that the following income used to figure your payment has also change---

Your increased Social Security benefits—before any deductions for Medicare premiums-- of \$518.00. You should receive the increased Social Security benefit about January 3, 2015. We must count the increase in your benefits for January 2014 even though we are counting your other income for November 2014.



(1) SUPPLEMENTAL SOCIAL SECURITY (SSI) DOCUMENT

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NAME: JOHN DOE

Payment dates and amounts are as follows:

Month	Payment	Month	Payment	Month	Payment
01/01/14	\$125.00	05/01/14	\$125.00	09/01/14	\$125.00
02/01/14	\$125.00	06/01/14	\$125.00	10/01/14	\$125.00
03/01/14	\$125.00	07/01/14	\$125.00	11/01/14	\$125.00
04/01/14	\$125.00	08/01/14	\$125.00	12/01/14	\$125.00

SAMPLE 3 - CONTINUED

Total of all three column's
for yearly 2014 income.

$\$125.00 \times 12 = 1500.00$



(2) STATE SUPPLEMENTAL SOCIAL SECURITY DOCUMENT (STSSI)

27

STATE OF WYOMING VENDOR # INT000000 INTERFACE VENDOR SSI 000 000000 ID

VENDOR INVOICE NUMBER	AGCY	AGENCY SHORT NAME	AGENCY PHONE	TRANSACTION IDENTIFICATION	AMOUNT
-----------------------	------	-------------------	--------------	----------------------------	--------

000000000000
DESCRIPTION:

000

FAM SERV.

777-0000

0000000000

25.00



$\$25.00 \times 12 = 300.00$

THIS INFORMATION IS
DOCUMENTED BY THE DEPT OF
HEALTH.



(3) SOCIAL SECURITY DOCUMENT (SSA/SSDI)

28

FORM SSA -1099 - SOCIAL SECURITY BENEFIT STATEMENT

2014

- PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME
- SEE THE REVERSE FOR MORE INFORMATION

BOX 1. NAME

John Doe

Box 2. Beneficiary's Social Security Number

000-00-0000

Box 3. Benefits Paid in 2014

\$10,000.00

Box 4. Benefits Repaid to SSA in 2014

NONE

Box 5. Net Benefits for 2014 (*Box 3 minus Box 4*)

\$10,000.00

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit	\$9,425.00
Medicare Part B premiums deducted from your benefits	\$450.00
Medicare Advantage premiums (Part C) deducted from your benefits	\$175.00
Medicare Prescription Drug premiums Part (D) deducted from your benefits	\$150.00
Total Additions	\$10,200.00
Subtract	
Non-Taxable payments	\$200.00
Benefits for 2014	\$10,000.00



DESCRIPTION OF AMOUNT IN BOX 4

NONE

Box 6. Voluntary Federal Income Tax Withheld

NONE

Box 7. Address

John Doe
123 My Street
Cheyenne, WY 82000

Box 8. Claim Number (Use this number if you need to contact SSA.)

000-00-0000



(4) VA BENEFITS (PENSION, DISABILITY PAYMENTS DOCUMENT

29



DEPARTMENT OF VETERANS AFFAIRS
123 May St
Rock Springs, WY 82000


January 01, 2014

C000000*****3 – DIGIT 000

FILE NUMBER
000000

JOHN DOE
123 My Street
CASPER, WY 82000

DEPARTMENT OF VETERANS AFFAIRS BENEFITS INCREASED

Congress has passed, and the President  signed into law, an act increasing benefits payable for service-connected disability(ies) or death from December 1st.

Your new monthly rate of compensation is \$117.00; however, your actual deposit may be less if you currently have amounts deducted from your benefits, e.g., insurance premiums.

The provisions of the new law apply to veterans entitled to service-connected disability compensation, as well as surviving spouses and children entitled to dependency and indemnity compensation (DIC).

Please advise us immediately if your return to active military service or if your address or marital status changes. If you are receiving additional benefits for dependents, notify us immediately of any change in status.

VA will match benefit information from your records with the following agencies for the purposes described below:

1. Department of Defense: to verify a return to active military service.
2. Department of Defense: to identify veterans receiving disability compensation who are also receiving military pay and allowances (drill pay) as members of the National Guard or Reserves.

$\$117.00 \times 12 = 1404.00$

(5) TANF/POWER DOCUMENT

30

FIRST PAGE OF DOCUMENT

EST 477 TANF			
BENEFIT SUMMARY			
SOCIAL SECURITY # 000-00-00000		CASE NUMBER 0000	
		CIF# 00	
Benefit Month/Year	01/2014	Grant Amt	\$400.00
Case Adults	John Doe	01/01/1960	On the Grant Yes
Case Children			
Beth Doe	06/21/1990		
Billy Doe	10/05/1994		
Allana Doe	01/19/1996		
Keian Doe	08/11/1998		
Benefit Month/Year	02/2014	Grant Amt	\$400.00
Case Adults	John Doe	01/01/1960	On the Grant Yes
Case Children			
Beth Doe	06/21/1990		
Billy Doe	10/05/1994		
Allana Doe	01/19/1996		
Keian Doe	08/11/1998		
Benefit Month/Year	03/2014	Grant Amt	\$400.00
Case Adults	John Doe	01/01/1960	On the Grant Yes
Case Children			
Beth Doe	06/21/1990		
Billy Doe	10/05/1994		
Allana Doe	01/19/1996		
Keian Doe	08/11/1998		

LAST PAGE OF DOCUMENT

EST 477 TANF			
BENEFIT SUMMARY			
SOCIAL SECURITY # 000-00-00000		CASE NUMBER 0000	
		CIF# 00	
Benefit Month/Year	11/2014	Grant Amt	\$400.00
Case Adults	John Doe	01/01/1960	On the Grant Yes
Case Children			
Beth Doe	06/21/1990		
Billy Doe	10/05/1994		
Allana Doe	01/19/1996		
Keian Doe	08/11/1998		
Benefit Month/Year	12/2014	Grant Amt	\$400.00
Case Adults	John Doe	01/01/1960	On the Grant Yes
Case Children			
Beth Doe	06/21/1990		
Billy Doe	10/05/1994		
Allana Doe	01/19/1996		
Keian Doe	08/11/1998		
Total			\$4560.00
Verified By _____		Date _____	
The total amount reflects all TANF cash assistance and supportive service payments paid To or on behalf of the Primary Individual for the dates requested.			



(6) WAGES/EXPERIENCE WORKS DOCUMENTS

31

		a Employee's social security number 000-00-0000		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.		
b Employer identification number (EIN) 00 - 0000000		1 Wages, tips, other compensation 2102.82		2 Federal income tax withheld 46.00		
c Employer's name, address, and Zip code JERRY SECURITY, INC. P.O. BOX 0000 EL PASO TX 70000		3 Social Security wages 2102.82		4 Social security tax withheld 130.37		
		5 Medicare wages and tips 2102.82		6 Medicare tax withheld 30.49		
		7 Social security tips		8		
		9 Advance EIC payment		10		
d Control number		11 Nonqualified plans		12a		
e Employee's name, address, and zip code John Doe 123 My St Cheyenne, WY 82000		13 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b		
		14 Other		12c		
				12d		
15 State	Employer's State ID number	16 State wages, tips, etc.	17	18	19	20

Form **W-2** Wage and Tax

Statement

Copy C – For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)


2014

Department of the Treasury-Internal Revenue Service



(7) BUSINESS INCOME/SELF-EMPLOYMENT, OR MISC CONTRACT EMPLOYMENT

32

PAYER'S NAME, STREET ADDRESS, CITY, STATE, ZIP CODE		1. RENTS	OMB NO 1545-0115	Miscellaneous Income
PAYER'S FEDERAL ID NUMBER	RECIPIENT'S ID NUMBER	2. ROYALTIES	2014 FORM 1099-MISC	
RECIPIENT'S NAME		3. OTHER INCOME	4.	COPY B For Recipient This is important tax information and is being furnished to the Internal Revenue Service.
STREET ADDRESS		7. NONEMPLOYEE COMPENSATION \$2500.00 	8.	
CITY, STATE, AND ZIP CODE		9.	10.	

FORM 1099-MISC

Department of the Treasury-Internal Revenue Service

(8) UNEMPLOYMENT INSURANCE DOCUMENT

33

PAYER'S name, street address, state, ZIP code, and telephone no. DEPARTMENT OF EMPLOYMENT UNEMPLOYMENT INSURANCE P.O. BOX 0000 BIG PINEY, WY 82602		1 Unemployment compensation \$1505.00	OMB NO 0000-0000 2014 Form 1099-G
		2 State or local income tax refunds, credits, or offsets	
RECIPIENT'S NAME JOHN DOE 0000 PERSHING BLVD CHEYENNE, WY 82002	3 Box 2 amount is for tax year	4 Federal income tax withheld	
	5	6	
	7	8 <input type="checkbox"/>	
ACCOUNT NUMBER (Optional)			
PAYER'S Federal Identification number 00-00000000	RECIPIENT'S Identification Number 000-00-0000		

CERTAIN GOVERNMENT PAYMENTS

Copy B For Recipient

This is important tax Information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Form 1099-G

(Keep for your records)

Department of the Treasury – Internal Revenue Service



(9) WORKER'S COMPENSATION DOCUMENT

34

CLAIMS SUBSYSTEM - PAYMENT REGISTER -

\$800.00 X 12 = 9600.00

WARRANT	PAYEE	PMT TYPR	CAT	PAYMENT FROM	PAYMENT THRU	AMT PAID
12/01/2014	JOHN DOE	C	LPT	12/01/2014	12/31/2014	800.00
11/01/2014	JOHN DOE	C	LPT	11/01/2014	11/31/2014	800.00
10/01/2014	JOHN DOE	C	LPT	10/01/2014	10/31/2014	800.00
09/01/2014	JOHN DOE	C	LPT	09/01/2014	09/31/2014	800.00
08/01/2014	JOHN DOE	C	LPT	08/01/2014	08/31/2014	800.00
07/01/2014	JOHN DOE	C	LPT	07/01/2014	07/31/2014	800.00
06/01/2014	JOHN DOE	C	LPT	06/01/2014	06/31/2014	800.00
05/01/2014	JOHN DOE	C	LPT	05/01/2014	05/31/2014	800.00
04/01/2014	JOHN DOE	C	LPT	04/01/2014	04/31/2014	800.00
03/01/2014	JOHN DOE	C	LPT	03/01/2014	03/31/2014	800.00
02/01/2014	JOHN DOE	C	LPT	02/01/2014	02/31/2014	800.00
01/01/2014	JOHN DOE	C	LPT	01/01/2014	01/31/2014	800.00

CASE NBR: 000000000

CLAIMANT: JOHN DOE

TYPE C

000-00-0000

DATE OF INJURY 01/01/2010



(10) RAILROAD RETIREMENT & DIVORCE BENEFITS (RETIREE/WIDOW BENEFITS DOCUMENTS)

35

UNFOLD TO SEE ALL TAX STATEMENT FORMS - SEE REVERSE SIDE FOR GENERAL INFORMATION

PAYER'S NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE UNITED STATES RAILROAD RETIREMENT BOARD 000 N HAPPY ST CHICAGO, IL 60600		2014	PAYMENTS BY THE RAILROAD RETIREMENT BOARD
PAYER'S FEDERAL IDENTIFYING NO 00-0000000	3		12,489.36
1 CLAIM NUMBER AND PAYEE CODE 000-00-0000	4		-0-
2 RECIPIENT'S IDENTIFICATION NUMBER 000-00-0000	5		10,000.00
JOHN DOE 123 My Street CHEYENNE, WY 80000	6		
	10 Federal Income Tax Withheld	-0-	11 MEDICARE PREMIUM TOTAL 1,160.00

COPY C
FOR
RECIPIENTS
RECORDS.

THIS
INFORMATIO
N IS BEING
FURNISHED
TO THE
INTERNAL
REVENUE
SERVICE

FORM RRB-1099

DO NOT ATTACH TO YOUR INCOME TAX RETURN

PAYER'S NAME, STREET, ADDRESS, CITY, STATE AND ZIP CODE UNITED STATES RAILROAD RETIREMENT BOARD 000 N HAPPY ST CHICAGO, OL 60600		2014	ANNUITIES OR PENSIONS BY THE RAILROAD RETIREMENT BOARD
PAYER'S FEDERAL IDENTIFYING NO 00-0000000	3		2,200.00
1 CLAIM NUMBER AND PAYEE CODE 000-00-0000	4		1,800.00
2 RECIPIENT'S IDENTIFIACATION NUMBER 000-00-0000	5		1,882.56
JOHN DOE 123 My Street CHEYENNE, WY 80000	6		
	10	-0-	

COPY C
FOR RECIPENT'S RECORDS

THIS INFORMATION IS BEING
FURNISHED TO THE
INTERNAL REVENUE
SERVICE.

FORM RRB-1099-R

DO NOT ATTACH TO YOUR INCOME TAX RETURN



(11) PENSIONS, RETIREMENTS, IRA'S AND ANNUITIES DOCUMENT

36

Form 1099-R <input type="checkbox"/>		Corrected(if checked)	
1 Gross Distribution 2,733.42		2 a Taxable amount 2,733.42	
2b Taxable amount not determined		Total distribution	
<input type="text"/>		<input type="text"/>	
<p align="center">2014</p> <p align="center">DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT SHARING PLANS, IRA'S, INSURANCE CONTRACTS, ETC.</p>			
<p align="center">STATE OF WYOMING RETIREMENT SYSTEM 123 GRANT ST STE ABC DOUGLAS, WY 80000</p>			
PAYER'S Federal Identification Number 00-0000000		RECEIPENTS Identification Number 000-00-0000	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
7 Distribution code 7		IRA/ Sep/ Simple	
<input type="text"/>		<input type="text"/>	
<p align="center">John Doe 123 My Street Riverton, WY 80000</p>			
Account number (see instruc.) 0000		<input type="text"/>	

File this copy with your state, city, or
local income tax return, when required.

Department of the Treasury
Internal Revenue Service



(12) INTEREST/DIVIDENDS EARNED ON SAVING/CHECKING, SHARES, IRA'S, CERTIFICATE OF DEPOSIT, ETC. DOCUMENTS

37

ANY NATIONAL BANK
123 YORK ST
BUFFALO, WY 80000

000 00000 01
ACCOUNT: 000000

PAGE 1
12/31/2014

TELEPHONE: 307-000-0000

*****AUTO**5 – DIGIT 00000
0000 0. 0000 AV 0.000 000000

JOHN DOE
123 ANY STREET
RED TOWN, WY 80000

Regular personal savings account 0000000000000000

DESCRIPTION	DEBITS	CREDITS	DATE	BALANCE
BALANCE LAST STATEMENT			09/28/14	100.00
INTEREST AT .69		99.16	12/31/14	9.16
BALANCE THIS STATEMENT.....			12/31/14	109.16
TOTAL CREDITS (1)	99.16			
TOTAL DEBITS (0)	.00			

INTEREST

AVERAGE LEDGER BALANCE: 100.00
INTEREST PAID THIS PERIOD: .16
INTEREST PAID 2014 9.00

INTEREST EARNED: 9.16
DAYS IN PERIOD: .94
ANNUAL PERCENTAGE YIELD EARNED .69%



(13) PER CAPITA PAYMENTS, BIA STATEMENTS, FINANCIAL AID REPORTS DOCUMENTS

38

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN AFFAIRS
Wild River Agency
PO Box 000
Fort Washakie, WY 82514

RE: JOHN DOE

To Whom it May Concern:

The above listed individual(s) is/are enrolled as a member of the Shoshone Tribe. The per capita payments for each enrolled member of the Shoshone Tribe are as follows.

<u>SHOSHONE PAYOUT</u>	<u>2014</u>
JANUARY	\$ 100.00
FEBRUARY	\$ 100.00
MARCH	\$ 100.00
APRIL	\$ 100.00
MAY	\$ 100.00
JUNE	\$ 100.00
JULY	\$ 150.00
AUGUST	\$ 150.00
SEPTEMBER	\$ 150.00
OCTOBER	\$ 150.00
NOVEMBER	\$ 100.00
DECEMBER	\$ 100.00
TOTAL	\$ 1400.00



(14) LAND LEASE INCOME, GRANT AND LOANS DOCUMENTS

39

FIRST PAGE OF DOCUMENT FOR LAND LEASE

HISTORICAL QUERY BASIC SEARCH

ACCOUNT NAME: JOHN DOE

Account Info

Account Detail

Optional Category/Class

ACCOUNT ID 00000 DATES REQUESTED 01/01/2013 THROUGH 12/31/2014 CURRENT BALANCE AS 2.28

RECORDS STARTING (01/05/14) RECORDS ENDING (12/20/2014)

BEGINNING BALANCE: 11.44 ENDING BALANCE: 0.55

CURRENT MINOR ACCOUNT – UNRESTRICTED U.I.

OPTIONAL CATEGORY

OPTIONAL CLASS

- | | |
|-----------------------------------|----------------|
| 1. RESERVED FOR FUTURE USE | NOT APPLICABLE |
| 2. TYPE OF ESTATE | NOT APPLICABLE |
| 3. GENDER | FEMALE |
| 4. PRINT DEPOSIT ADVICE | YES |
| 5. ON BUDGET/OFF BUDGET | NOT APPLICABLE |
| 6. ITMA ACCOUNTS | NOT APPLICABLE |
| 7. RESTRICTED ACCOUNT TYPE | NOT APPLICABLE |
| 8. TREASURY ACCOUNT SYMBOL | NOT APPLICABLE |
| 9. FORESTRY/REALTY DETAIL | NOT APPLICABLE |
| 10. RESTRICT FOR LAND PURCHASE FC | NO |
| 11. RESERVED FOR FUTURE USE | NOT APPLICABLE |

LAST PAGE OF DOCUMENT FOR LAND LEASE

**SUMMARY FOR 01/01/2014 THROUGH 12/31/2014

Ref Code Description PRIN INCOME INVESTED

CASH CASH TOTAL

Miscellaneous Cash Receipts

35	RANGE LEASE	0.50	0.00	0.00
38	FARM PASTURE	4.00	0.00	0.00
43	RIGHT-OF-WAY	15.00	0.00	0.00
45	MONTHLY INCOME EARNED	0.30	0.00	0.00
63	MISCELLANEOUS RECEIPT	0.50	0.00	0.00
70	INTEREST	5.55	0.00	0.00

Miscellaneous Cash Disbursements

41	ACCOUNT BALANCE	-37.49	0.00	0.00
	Principal Total	-11.70		
	Income Total		0.00	
	Invested Total			0.00
	Total			-11.70



(15) CHILD SUPPORT DOCUMENT

40

PARENTAL OBLIGATION SYSTEM FOR SUPPORT ENFORCEMENT

Payment Record for Specified Obligation

Page 1
CSE00000

Date 12/31//2014

This report EXCLUDES abatements and other payments made by the Obligor for other Obligations

Docket ID(s) 00-00000

Effc Dt	Pmt Amt	Pmt ID	Rcvd Dt	Received By	Check No	EFD OSF	Refunded	Sent St	<u>Disb CP</u>	Oth St	St Rtn	Fee	Wth	Futures	Wrt Stats	Issd Dt
07/01/14	150.00	5000000	07/03/14	STATE OFFICE	0001		0.00	0.00	150.00	0.00	0.00	0.00	0.00	0.00	ISSUED	07/08/14
06/16/14	200.00	5000001	06/18/14	STATE OFFICE	0002		0.00	0.00	100.00	0.00	0.00	0.00	100.00	0.00	ISSUED	06/19/14
06/02/14	200.00	5000002	06/04/14	STATE OFFICE	0003		0.00	0.00	200.00	0.00	0.00	0.00	0.00	0.00	ISSUED	06/05/14
05/16/14	200.00	5000003	05/19/14	STATE OFFICE	0004		0.00	0.00	130.00	0.00	0.00	0.00	70.00	0.00	ISSUED	05/21/14
05/01/14	200.00	5000004	05/05/14	STATE OFFICE	0005		0.00	0.00	200.00	0.00	0.00	0.00	0.00	0.00	ISSUED	05/08/14
04/16/14	200.00	5000005	04/18/14	STATE OFFICE	0006		0.00	0.00	200.00	0.00	0.00	0.00	0.00	0.00	ISSUED	04/21/14
04/01/14	200.00	5000006	04/03/14	STATE OFFICE	0007		0.00	0.00	200.00	0.00	0.00	0.00	0.00	0.00	ISSUED	04/07/14
03/17/14	200.00	5000007	03/08/14	STATE OFFICE	0008		0.00	0.00	200.00	0.00	0.00	0.00	0.00	0.00	ISSUED	03/21/14
03/03/14	200.00	5000008	03/05/14	STATE OFFICE	0009		0.00	0.00	200.00	0.00	0.00	0.00	0.00	0.00	ISSUED	03/06/14
02/18/14	200.00	5000009	02/21/14	STATE OFFICE	0010		0.00	0.00	200.00	0.00	0.00	0.00	0.00	0.00	ISSUED	02/22/14
02/01/14	200.00	5000010	02/04/14	STATE OFFICE	0011		0.00	0.00	200.00	0.00	0.00	0.00	0.00	0.00	ISSUED	02/06/14
01/16/14	200.00	5000011	01/18/14	STATE OFFICE	0012		0.00	0.00	200.00	0.00	0.00	0.00	0.00	0.00	ISSUED	01/22/14
01/02/14	200.00	5000012	01/07/14	STATE OFFICE	0013		0.00	0.00	200.00	0.00	0.00	0.00	0.00	0.00	ISSUED	01/08/14
Total	2550.00						0.00	0.00	2380.00	0.00	0.00	0.00	170.00		Number of payments 13	

Total Paid: 2550.00

Total Refund: - 0.00

Total dollars applied to obligation: 2550.00

THE AMOUNT IN
THE "DISB CP"
COLUMN IS WHAT
WE COUNT AS
INCOME.





(17) FEDERAL INCOME TAX RETURN FOR THE YEAR 2014.

(EIC,ACTC,ED CREDIT DOCUMENTS)

42

Form **1040** Department of the Treasury—Internal Revenue Service (999) **2014** U.S. Individual Income Tax Return OMB No. 1545-0047 (99) Use Only—Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2014, or other tax year beginning 2014, ending 2014.

Your first name and initial Last name Your social security number

If a joint return, spouse's first name and initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Make sure the SSN(s) above and on line 6d are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Foreign country name Foreign province/state/country Foreign postal code

Filing Status
Check only one box.
1 ☐ Single
2 ☐ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here.
4 ☐ Head of household (with dependent child). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.
5 ☐ Qualifying widow(er) with dependent child

Exemptions
6a ☐ Yourself. If someone can claim you as a dependent, do not check box 6a.
b ☐ Spouse
c Dependents:
(1) first name (2) last name (3) social security number (4) dependent's relationship to you (5) if child under age 17, No. of children on 6c who: ☐ lived with you ☐ did not live with you due to divorce (see instructions)
d Total number of exemptions claimed

Income
7 Wages, salaries, tips, etc. Attach Form(s) W-2
8a Taxable interest. Attach Schedule B if required
b Tax-exempt interest. Do not include on line 8a
9a Ordinary dividends. Attach Schedule B if required
b Qualified dividends
10 Taxable refunds, credits, or offsets of state and local income taxes
11 Alimony received
12 Business income or (loss). Attach Schedule C or C-EZ
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐
14 Other gains or (losses). Attach Form 4797
15a IRA distributions 15b Taxable amount
16a Pensions and annuities 16b Taxable amount
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
18 Farm income or (loss). Attach Schedule F
19 Unemployment compensation
20a Social security benefits 20b Taxable amount
21 Other income. List type and amount
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income

Adjusted Gross Income
23 Educator expenses
24 Certain business expenses of reservists, performing artists, and fee-based government officials. Attach Form 2106 or 2106-EZ
25 Health savings account deduction. Attach Form 8889
26 Moving expenses. Attach Form 3903
27 Deductible part of self-employment tax. Attach Schedule SE
28 Self-employed SEP, SIMPLE, and qualified plans
29 Self-employed health insurance deduction
30 Penalty on early withdrawal of savings
31a Alimony paid b Recipient's SSN
32 IRA deduction
33 Student loan interest deduction
34 Tuition and fees. Attach Form 8917
35 Domestic production activities deduction. Attach Form 8903
36 Add lines 23 through 35
37 Subtract line 36 from line 22. This is your adjusted gross income

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11300B Form **1040** (9014)

2014
FEDERAL
INCOME
TAX
RETURN

Form **1040** (2014) Page **2**

Tax and Credits
36 Amount from line 37 (adjusted gross income)
37a Check ☐ You were born before January 2, 1950, ☐ Blind, ☐ Total boxes
b ☐ Spouse was born before January 2, 1950, ☐ Blind, ☐ checked ☐ 39a
If your spouse itemizes on a separate return or you were a dual-status alien, check here ☐ 39b

Standard Deduction
40 ☐ People who check any of the following: ☐ 39a or 39b or who can be claimed as a dependent, see instructions.
41 Subtract line 40 from line 38
42 **Exemptions.** If line 38 is \$152,525 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions
43 **Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-
44 **Tax** (see instructions). Check if any from: a ☐ Form(s) 6814 b ☐ Form 4972 c ☐
45 **Alternative minimum tax** (see instructions). Attach Form 6251
46 Excess advance premium tax credit repayment. Attach Form 8962
47 Add lines 44, 45, and 46
48 Foreign tax credit. Attach Form 1116 if required
49 Credit for child and dependent care expenses. Attach Form 2441
50 Education credits from Form 8863, line 19
51 Retirement savings contributions credit. Attach Form 8880
52 Child tax credit. Attach Schedule 8812, if required
53 Residential energy credits. Attach Form 5695
54 Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐
55 Add lines 48 through 54. These are your total credits
56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-
57 Self-employment tax. Attach Schedule SE
58 Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 6919
59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required
60a Household employment taxes from Schedule H
b First-time homebuyer credit repayment. Attach Form 5405 if required
61 Health care: individual responsibility (see instructions) Full-year coverage ☐
62 Taxes from: a ☐ Form 990 b ☐ Form 990 c ☐ Instructions; enter code(s)
63 Add lines 57 through 62. This is your total tax

Payments
64 Federal income tax withheld from Forms W-2 and 1099
65 2014 estimated tax payments and amount applied from 2013 return
66a **Earned income credit (EIC)**
b Nontaxable combat pay election
67 Additional child tax credit. Attach Schedule 8812
68 American opportunity credit from Form 8863, line 8
69 Net premium tax credit. Attach Form 8962
70 Amount paid with request for extension to file
71 Excess social security and tier 1 FICA tax withheld
72 Credit for federal tax on fuels. Attach Form 4136
73 Credit from Form: a ☐ 4439 b ☐ 4439 c ☐ 4439 d
74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments

Refund
75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid
76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ☐
b Routing number ☐ e Type: ☐ Checking ☐ Savings
77 Amount of line 75 you want applied to your 2015 estimated tax ☐ 77
78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions
79 Estimated tax penalty (see instructions)

Third Party Designee
Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete below. ☐ No
Designee's name (Print) Personal identification number (PIN)
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than agent) is based on all information of which preparer has any knowledge.
Your signature Date Your occupation Daytime phone number


Sign Here
Spouse's signature, if a joint return, both must sign. Date Spouse's occupation
If the IRS sent you an Identity Protection PIN, enter it here (if not, leave blank)
Check ☐ if self-employed
Firm's EIN ☐
Firm's name ☐
Firm's address ☐
Phone no. ☐

Paid Preparer Use Only
Print/Type preparer's name Preparer's signature Date
Firm's name ☐
Firm's address ☐
Phone no. ☐

www.irs.gov/form1040 Form **1040** (9014)

(18) RENTAL INCOME (MONEY RECEIVED BY YOU) FROM PROPERTY OR LAND DOCUMENT

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NO. _____	_____01-01_____	2014
RECEIVED FROM _____		
FIVE HUNDRED AND FIFTY-----DOLLARS		
AMT PAID	550.00	 FOR RENTAL PROPERTY AT 418 MILL ST
CHECK #	2014	
\$550		JOHN DOE _____

NO. _____	_____02-01_____	2014
RECEIVED FROM _____		
FIVE HUNDRED AND FIFTY-----DOLLARS		
AMT PAID	550.00	FOR RENTAL PROPERTY AT 418 MILL ST
CHECK #	2014	
\$550		JOHN DOE _____

NO. _____	_____03-01_____	2014
RECEIVED FROM _____		
FIVE HUNDRED AND FIFTY-----DOLLARS		
AMT PAID	550.00	FOR RENTAL PROPERTY AT 418 MILL ST
CHECK #	2014	
\$550		JOHN DOE _____

COPIES OF RENTAL
RECEIPTS AND/OR
2014 TAX RETURN



(19) STOCKS, BONDS, TRUSTS, ROYALTIES, CAPITOL GAINS AND DIVIDENDS DOCUMENTS

44

PLEASE NOTE: IMPORTANT 2014 TAX INFORMATION

FORM 1099-DIV.

U.S. TAX INFORMATION FOR 2014

OMB NO. 0000-0000

DIVIDENDS/DISTRIBUTIONS

COPY B FOR RECIPIENT

RECIPIENTS IDENTIFICATION NUMBER

TOTAL ORDINARY DIVIDENDS

QUALIFIED DIVIDENDS

FEDERAL INCOME TAX WITHHELD

00000

\$25.90

\$25.90

\$0.00

PAYER'S NAME

PAYER'S FEDERAL IDENTIFICATION NUMBER

ANY COMPANY SHAREOWNER SERVICES AS
CUSTODIAN OF THE POLICYHOLDER TRUST

00-0000000

SECURITY DESCRIPTION

TO WHOM PAID

TRUST INTERESTS

SECURITY DESCRIPTION

REPORTED BY
ABC COMPANY
SHAREOWNER SERVICES
123 LONG STREET
DENVER, CO 00000

IMPORTANT 2014 TAX INFORMATION

FOR INFORMATION REGARDING THE ABOVE, CALL 1-800-000-0000

\$25.90 FOR ORDINARY DIVIDENDS
TOTAL DIVIDENDS \$25.90



(20) FARM INCOME, INCOME FROM LIVESTOCK DOCUMENT

45

Form **1040** Department of the Treasury—Internal Revenue Service (99) **2014** U.S. Individual Income Tax Return OMB No. 1545-0047 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2014, or other tax year beginning , 2014, ending , 20 . See separate instructions.

Your first name and initial Last name Your social security number

If a joint return, spouse's first name and initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. **▲** Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Foreign country name Foreign province/state/county Foreign postal code **Presidential Election Campaign** Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ Yes ☐ No

Filing Status 1 ☐ Single 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child (but not your dependent), enter this child's name here. **2** ☐ Married filing jointly (even if only one had income) 3 ☐ Married filing separately. Enter spouse's SSN above and full name here. **5** ☐ Qualifying widow(er) with dependent child

Exemptions **6a** ☐ Yourself. If someone can claim you as a dependent, do not check box 6a. **6b** ☐ Spouse **6c** Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☐ If child under age 17, qualify for child tax credit (see instructions) **6d** Total number of exemptions claimed

If more than four dependents, see instructions and check here ☐

Income 7 Wages, salaries, tips, etc. Attach Form(s)-W-2 7 8a Taxable interest. Attach Schedule B if required 8a 8b Tax-exempt interest. Do not include on line 8a 8b 9a Ordinary dividends. Attach Schedule B if required 9a 9b Qualified dividends 9b 10 Taxable refunds, credits, or offsets of state and local income taxes 10 11 Alimony received 11 12 Business income or (loss). Attach Schedule C or C-EZ 12 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ 13 14 Other gains or (losses). Attach Form 4797 14 15a IRA distributions 15a 15b Taxable amount 15b 16a Pensions and annuities 16a 16b Taxable amount 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 18 Farm income or (loss). Attach Schedule F 18 19 Unemployment compensation 19 20a Social security benefits 20a 20b Taxable amount 20b 21 Other income. List type and amount 21 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22

Adjusted Gross Income 23 Educator expenses 23 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 25 Health savings account deduction. Attach Form 8889 25 26 Moving expenses. Attach Form 3903 26 27 Deductible part of self-employment tax. Attach Schedule SE 27 28 Self-employed SEP, SIMPLE, and qualified plans 28 29 Self-employed health insurance deduction 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN 31a 32 IRA deduction 32 33 Student loan interest deduction 33 34 Tuition and fees. Attach Form 8917 34 35 Domestic production activities deduction. Attach Form 8903 35 36 Add lines 23 through 35 36 37 Subtract line 36 from line 22. This is your adjusted gross income 37

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form **1040** (2014)

FARM INCOME IS ON LINE 18
OF THE FEDERAL TAX RETURN
OR APPLICANT WILL TELL US
THEY HAD INCOME OF
LIVESTOCK FOR 2014.

(21) ADDITIONAL OR OTHER SUPPORT DOCUMENT

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ANY INCOME THAT
IS NOT ON VERIFICATION WORKSHEET
DOCUMENTS AS NEEDED



Consent For Release Of Information

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CONSENT FOR RELEASE OF INFORMATION

TO: Department of Health, Tax Refund for Elderly & Disabled Program

FROM:

Applicant Name:	Spouse's Name:
Social Security Number:	Social Security Number:
Date of Birth:	Date of Birth:
*Claim Number, Entitlement Number, VA File Number:	*Claim Number, Entitlement Number, VA File Number:

NOTE: IF YOU ARE/OR COULD BE RECEIVING BENEFITS UNDER ANOTHER SOCIAL SECURITY NUMBER THAN YOURS, PLEASE LIST ABOVE IN CLAIM NUMBER, ENTITLEMENT NUMBER OR VA FILE NUMBER SECTION. *

I authorize the Tax Refund for Elderly & Disabled, its employees, agents, and contractors to obtain information concerning my/our income for **2014** and assets, without liability.

Pursuant to W.S. 39-11-109, (c) (i) which reads:

(C) "Income includes but is not limited to, wages, receipts from earnings including earnings from self-employment, rents, interest, dividends, annuities, trusts, pensions, alimony, support payments, public assistance payments, unemployment compensation, federal social security payments, veteran's benefits and disability payments, Native American Per Capita payments, or net income from any other qualified income as determined by the Department:"

Applicant

Signature: _____

(If legal guardian signs, please complete below and provide a copy of the guardianship papers.)

Spouse's

Signature: _____

Legal Guardian:

(Please Print)

Name

Address

Phone Number

Date: _____

THIS CONSENT FOR RELEASE OF INFORMATION FORM IS OUR NEW FORM WHICH REPLACES OUR SSA RELEASE AND VA RELEASE FORMS.



TYPES OF IDENTIFICATION

48

VA CARD

VALID DRIVER'S
LICENSE

BIRTH
CERTIFICATE

MEDICAID
CARD OR
EQUALITY
CARE CARD

STATE PHOTO
IDENTIFICATION

DEATH
CERTIFICATE



CHANGE OF ADDRESS FORM

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TAX REFUND FOR THE ELDERLY AND DISABLED

CHANGE OF ADDRESS

Name: _____ Phone# _____
(Please Print) Last Name First Name

FORM NUMBER FROM APPLICATION _____

OLD ADDRESS

Physical: _____
Mailing: _____

NEW ADDRESS

Physical: _____
Mailing: _____

SIGNATURE: _____

DATE: _____

NOTE: Unsigned and undated address change requests will not be accepted.



MY SOCIAL SECURITY

www.socialsecurity.gov/my account

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my Social Security
How To Create An Online Account

Step 1
Visit www.socialsecurity.gov/myaccount and select:

my Social Security
Sign in
Create an Account

Step 2
Select "Create An Account."
To create a **my Social Security** account, you must be at least 18 years old and have:

- A valid E-mail address;
- A Social Security number; and
- A U.S. mailing address.

Step 3
Provide some personal information to verify your identity.

Step 4
Choose a username and password to create your account.

After you create a **my Social Security** account, you can access your **Social Security Statement** to check your earnings and get your benefit estimates.

If you receive benefits, you also can:

- Change your address and phone number;
- Start or change your direct deposit; and
- Get your benefit verification letter.

How To Get Your Benefit Verification Letter

You can use your benefit verification letter as proof of your:

- Income when you apply for a loan or mortgage, assisted housing or other state or local benefits;
- Current Medicare health insurance coverage;
- Retirement or disability status; and
- Age.

To get your benefit verification letter:

- Sign into your account; and
- Select "Get a Benefit Verification Letter."

Your letter will be displayed and you may print it or save it for later use.

Contact Information

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Wyoming Tax Refund For Elderly & Disabled

460 Hathaway Bldg

Cheyenne, WY 82002

TOLL FREE: 1-866-989-8901

FAX: 1-307-777-5896

E-Mail: edtax.refund@wyo.gov

WEB Page: www.health.wyo.gov

